

**MINER IDENTIFICATION DOCUMENT**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
UNITED STATES PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH  
COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)

**FOR NIOSH USE ONLY**

Analog  
Digital  
Spirometry

**DIRECTIONS FOR X-RAY FACILITY:**

PLEASE MAKE SURE THAT ALL ITEMS ARE  
COMPLETED. THEN RETURN FORM AND X-RAY  
TO: NIOSH

**COAL WORKERS' HEALTH SURVEILLANCE  
PROGRAM**

**PO BOX 4258**  
MORGANTOWN, WV 26504-4258

**X-RAY FACILITY: NAME****CERTIFICATION NO.****TYPE OF X-RAY**☐ NIOSH CWHSP☐ OTHER  
Please Specify**DATE OF X-RAY (MM/DD/YYYY)****DIRECTIONS FOR THE MINER**

PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO  
THE INFORMATION BELOW. **(PLEASE PRINT)**

**MINER'S SOCIAL SECURITY NUMBER****SEX**☐ M☐ F**MINER'S NAME (LAST)****(FIRST)****(MI)****BIRTH DATE (MM/DD/YYYY)****MINER'S MAILING ADDRESS****CITY****STATE****ZIP****MINER'S TELEPHONE NUMBER**

(    )    -

**RACE (check all that apply)**☐ American Indian or Alaska Native☐ Asian☐ Black or African American☐ Native Hawaiian or Other Pacific Islander☐ White**ETHNICITY**☐ Hispanic or Latino☐ Not Hispanic or Latino**MINE NAME**

Is your employer a ☐ Mine Operator ☐ Contractor

**EMPLOYER'S NAME****MSHA Mine ID Number**

If contractor, enter  
**MSHA Contractor Number**

**STREET****CITY****STATE****ZIP**

When Did You First Start Work  
in the Coal Mine Industry?

Started  
Underground

/      
Month Year

Started  
Surface

/      
Month Year

How Many Total Years You Have  
Worked in the Coal Mine Industry?

Underground

Years

Surface

Years

How Many Total Years You Have  
Worked Underground at the Face?

Years

How Many Total Years You Have  
Worked at Your Current Coal Mine?

Years

Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?

☐ No☐ Yes

If Yes, what type? (Mark all that apply)

☐ Dust mask (disposable)☐ Half - face mask (other than disposable)☐ Full - face☐ Hood / Helmet

I wish to participate in the Coal Workers' Health Surveillance Program conducted under Section 203 of the Federal Mine Safety and Health Act of 1977 (30 U.S.C 843).  
I understand that a report of my X-ray will be mailed to me and my health information will be confidential unless otherwise compelled by law.

**Signature**

**Date Signed**  
(MM / DD / YYYY)

## Coal Mining Job History

COAL MINER JOB	MINE NAME/COMPANY	YEARS		UNDERGROUND			SURFACE COAL MINE
Please List in Order Any Coal Mine Job You Have Held and Mine Name. (If information is provided please correct and/or update.).		Start year:	End year:	Face	Nonface	Surface	
<i>Example:</i> <i>Continuous Miner Operator</i>	<i>Mine Name/Company</i>	1985	1990	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have You Ever Worked in <b>Any Mine Other than Coal?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes         If Yes, please record number of years worked:			
<b>metal mines</b> (For example, lead, copper, gold, silver)	Surface <input type="text"/> <input type="text"/> years worked  Underground <input type="text"/> <input type="text"/> years worked	<b>nonmetal mines</b> (For example, salt, phosphate, limestone)	Surface <input type="text"/> <input type="text"/> years worked  Underground <input type="text"/> <input type="text"/> years worked

Have You Ever Worked for More than 1 Year in <b>Any Other Dusty Job?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes         If Yes, please record number of years:			
Work with asbestos, vermiculite, or talc <input type="text"/> <input type="text"/> years  Tunneling, drilling, quarrying, sand blasting <input type="text"/> <input type="text"/> years  Road construction, jack hammer, masonry saw <input type="text"/> <input type="text"/> years	In foundry, pottery, or abrasive manufacturing <input type="text"/> <input type="text"/> years  Welding, cutting, or grinding metals <input type="text"/> <input type="text"/> years  Other dusty job (please specify) <input type="text"/> <input type="text"/> years  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Project Clearance Officer, 1600 Clinton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.